


# CAPITAL EQUIPMENT PRE-APPROVAL PURCHASE/RENTAL REQUEST

	<b>KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION</b>	<i>Mail completed form to:</i> <b>DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, 2nd FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 <a href="http://www.waste.ky.gov">http://www.waste.ky.gov</a></b>	<b>FOR STATE USE ONLY:</b>
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## GENERAL INFORMATION

**AGENCY INTEREST #:**

APPLICANT INFORMATION			FACILITY INFORMATION		
FACILITY OWNER/OPERATOR (APPLICANT'S) NAME:			FACILITY NAME:		
OWNER/OPERATOR MAILING ADDRESS:			PHYSICAL LOCATION:		
CITY:	STATE:	ZIP CODE:	CITY:	COUNTY:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	FACILITY CONTACT PERSON:		FACILITY TELEPHONE NUMBER:
LEGALLY AUTHORIZED REPRESENTATIVE OR AGENT:			TELEPHONE NUMBER:	FACILITY FAX NUMBER:	FACILITY E-MAIL ADDRESS:

## CERTIFIED CONTRACTOR AND CERTIFIED COMPANY INFORMATION

Name of Certified Contractor:	USTB Certified Contractor Certification #:
Name of Certified Company:	USTB Certified Company Certification #:

## CAPITAL EQUIPMENT INFORMATION

<b>THIS REQUEST IS FOR:</b>  <input type="checkbox"/> Rental  <input type="checkbox"/> Purchase	<b>THE CONDITION OF THE EQUIPMENT IS:</b>  <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned	<b>EQUIPMENT USAGE IS FOR:</b>  <input type="checkbox"/> Free Product Recovery <input type="checkbox"/> Corrective Action Plan (CAP) Acceptance <input type="checkbox"/> Implementation of Approved CAP <input type="checkbox"/> Other:
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**ESTIMATED TIME OF REMEDIATION:**
**Cost Benefit Analysis substantiating purchase vs. rental:**

## CAPITAL EQUIPMENT PREAPPROVAL PURCHASE/RENTAL FORM CERTIFICATION

 I hereby certify under penalty of law that I am the (mark one): ☐ Applicant ☐ Legally-authorized representative of the applicant AND

**I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.**

*SIGNATURE REQUIREMENTS: For a corporation, the individual signing this form can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, must be a general partner, the proprietor or individual, respectively. For a municipality, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.*

PRINTED NAME OF APPLICANT (Or Authorized Representative or Agent):	TITLE:	
SIGNATURE OF APPLICANT (Or Authorized Representative or Agent):	DATE:	
CERTIFIED CONTRACTOR'S SIGNATURE:	USTB CERTIFIED CONTRACTOR #:	DATE:
CERTIFIED COMPANY AUTHORIZED REPRESENTATIVE'S SIGNATURE:	USTB CERTIFIED COMPANY #:	DATE:

FOR STAFF USE ONLY:	AMOUNTS	SIGNATURES	DATES
BID AMOUNT:	\$		
SALVAGE VALUE:	\$	_____	/ /
ADJUSTMENT:	\$	STAFF	
TOTAL COST ACCEPTED:	\$	_____	/ /
		BRANCH MANAGER	

### GENERAL BID INFORMATION

A minimum of three (3) bids are to be obtained from a supplier or manufacturer of equipment. If the certified contractor or certified company is included in the bid process, four (4) bids are required. Fewer than three (3) bids must be justified with a written letter of declination to bid from a minimum of two (2) manufacturers or suppliers. Each bid should contain a description of the equipment to be purchased or rented and a copy of the warranty supplied by the equipment supplier or manufacturer. A bid shall remain on file at the office until the CAA is finalized between the cabinet and the owner or operator.

#### BID #1

Name of Manufacturer/Supplier:		Bid Amount:	\$
Name of Contact Person:		Anticipated Salvage Value:	\$
Address:		Cost for Reimbursement:	\$
City/State/Zip Code:		Shipping, Install, Training & Start-Up:	\$
Telephone #:		Total Estimated Cost for Reimbursement:	\$

#### BID #2

Name of Manufacturer/Supplier:		Bid Amount:	\$
Name of Contact Person:		Anticipated Salvage Value:	\$
Address:		Cost for Reimbursement:	\$
City/State/Zip Code:		Shipping, Install, Training & Start-Up:	\$
Telephone #:		Total Estimated Cost for Reimbursement:	\$

#### BID #3

Name of Manufacturer/Supplier:		Bid Amount:	\$
Name of Contact Person:		Anticipated Salvage Value:	\$
Address:		Cost for Reimbursement:	\$
City/State/Zip Code:		Shipping, Install, Training & Start-Up:	\$
Telephone #:		Total Estimated Cost for Reimbursement:	\$

#### BID #4

Name of Manufacturer/Supplier:		Bid Amount:	\$
Name of Contact Person:		Anticipated Salvage Value:	\$
Address:		Cost for Reimbursement:	\$
City/State/Zip Code:		Shipping, Install, Training & Start-Up:	\$
Telephone #:		Total Estimated Cost for Reimbursement:	\$

If you have questions on how to fill out this form or to request a review of your facility records, please contact the USTB at (502) 564-5981 or visit our website at <http://www.waste.ky.gov>.

**\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\***